Employment of disabled people

Now follows some questions about long-term health problems and disability

HEALTHMAINTRO
1. **Do you have a longstanding health problem or disability?**

   [interviewer has the list from HEALTHMA while he reads the question]

   - Problems with arms or hands (including arthritis, rheumatism in the arms or hands)
   - Problems with legs or feet (including arthritis, rheumatism in the legs or feet)
   - Problems with back or neck (including arthritis, arthritis of the spine or neck)
   - Cancer
   - Skin disorders/conditions
   - Severe disfigurement
   - Problems with heart, blood pressure or circulation
   - Chest or breathing problems (such as asthma and bronchitis)
   - Problems with stomach, liver, kidney or digestive
   - Diabetes
   - Epilepsy
   - Severe headache such as migraine
   - Learning Disabilities (difficulty reading, spelling or math)
   - Stress
   - Chronic anxiety
   - Depression
   - Other mental, nervous or emotional problems
   - Other progressive illnesses (including multiple sclerosis, HIV, Alzheimer's and Parkinson's disease)
   - blind or low vision, although the use of glasses or contact lenses
   - Deaf
   - impaired hearing although use of hearing aids
   - Speech Difficulties
   - Development Slowed
   - Brain Injury (including spasticity)
   - Dyslexic
   - Other health problems or disabilities

   Yes ........................................... □ 1  Go to HEALTHMA
   No ............................................ □ 2  Go to DIFFICMAINTRO

HEALTHMA
2. **What kind of longstanding health condition or disease do you have? (mention most important)**

   Problems with arms or hands □ 1 (including arthritis, rheumatism in the arms or hands)
<table>
<thead>
<tr>
<th>Condition</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Problems with legs or feet (including arthritis, rheumatism in the legs or feet)</td>
<td>2</td>
</tr>
<tr>
<td>Problems with back or neck (including arthritis, arthritis of the spine or neck)</td>
<td>3</td>
</tr>
<tr>
<td>Cancer</td>
<td>4</td>
</tr>
<tr>
<td>Skin disorders/conditions</td>
<td>5</td>
</tr>
<tr>
<td>Severe disfigurement</td>
<td>6</td>
</tr>
<tr>
<td>Problems with heart, blood pressure or circulation</td>
<td>7</td>
</tr>
<tr>
<td>Chest or breathing problems (such as asthma and bronchitis)</td>
<td>8</td>
</tr>
<tr>
<td>Problems with stomach, liver, kidney or digestive</td>
<td>9</td>
</tr>
<tr>
<td>Diabetes</td>
<td>10</td>
</tr>
<tr>
<td>Epilepsy</td>
<td>11</td>
</tr>
<tr>
<td>Severe headache such as migraine</td>
<td>12</td>
</tr>
<tr>
<td>Learning Disabilities (difficulty reading, spelling or math)</td>
<td>13</td>
</tr>
<tr>
<td>Stress</td>
<td>14</td>
</tr>
<tr>
<td>Chronic anxiety</td>
<td>15</td>
</tr>
<tr>
<td>Depression</td>
<td>16</td>
</tr>
<tr>
<td>Other mental, nervous or emotional problems</td>
<td>17</td>
</tr>
<tr>
<td>Other progressive illnesses (including multiple sclerosis, HIV, Alzheimer's and Parkinson's disease)</td>
<td>18</td>
</tr>
<tr>
<td>Blind or low vision, although the use of glasses or contact lenses</td>
<td>19</td>
</tr>
<tr>
<td>Deaf</td>
<td>20</td>
</tr>
<tr>
<td>Impaired hearing although use of hearing aids</td>
<td>21</td>
</tr>
<tr>
<td>Speech Difficulties</td>
<td>22</td>
</tr>
<tr>
<td>Development Slowed</td>
<td>23</td>
</tr>
<tr>
<td>Brain Injury (including spasticity)</td>
<td>24</td>
</tr>
<tr>
<td>Dyslexic</td>
<td>25</td>
</tr>
<tr>
<td>Other health problems or disabilities</td>
<td>26</td>
</tr>
<tr>
<td>No longstanding health conditions or diseases</td>
<td>27</td>
</tr>
</tbody>
</table>

Warning after that HEALTHMAINTRO will be coded as NO
**HEALTHSE**

3. Do you have other longstanding health condition or disease? If yes what kind?

<table>
<thead>
<tr>
<th>Condition</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Problems with arms or hands (including arthritis, rheumatism in the arms or hands)</td>
<td>1</td>
</tr>
<tr>
<td>Problems with legs or feet (including arthritis, rheumatism in the legs or feet)</td>
<td>2</td>
</tr>
<tr>
<td>Problems with back or neck (including arthritis, arthritis of the spine or neck)</td>
<td>3</td>
</tr>
<tr>
<td>Cancer</td>
<td>4</td>
</tr>
<tr>
<td>Skin disorders/conditions</td>
<td>5</td>
</tr>
<tr>
<td>Severe disfigurement</td>
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<td>Diabetes</td>
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<td>25</td>
</tr>
</tbody>
</table>
Other health problems or disabilities □ 26
No longstanding health conditions or diseases □ 27

Next questions are about various problems people can have by doing some activities.

**DIFFICMAINTRO**

4. Do you have difficulties with any of the following activities?

(Difficulties with ... [interviewer has the list from DIFFICMA while he reads the question]

- ... to see if you have glasses on?
- ... to hear even if you have hearing aids?
- ... with walking or climbing stairs?
- ... to sit or stand?
- ... with remembering things or concentrating?
- ... to communicate, for example understanding or being understood?
- ... to reach for something or overreach?
- ... to lift and carry?
- ... to bend?
- ... to hold, grasp or turn you?
- None

Yes ............................................ □ 1

No ............................................ □ 2

Go to DIFFICMA

If DIFFICMAINTRO=1
and HEALTHMAINTRO=1 go to LIMREASINTRO;
If DIFFICMAINTRO=2
and HEALTHMAINTRO=1 go to LIMHOURSINTRO;

**DIFFICMA**

5. What kind of the following difficulties describe your situation? Do you have difficulties with...

(Choose the most important difficulty)

... to see if you have glasses on? □ 1
... to hear even if you have hearing aids? □ 2
... with walking or climbing stairs? □ 3
... to sit or stand? □ 4
... with remembering things or concentrating? □ 5
... to communicate, for example understanding or being understood? □ 6
... to reach for something or overreach? □ 7
... to lift and carry? □ 8
... to bend? □ 9
... to hold, grasp or turn you? □ 10
None □ 11

Warning: DIFFICMAININTRO will be coded to No

DIFFICSE
6. Do you have any other difficulties by doing following activities? If yes what kind?
(Choose the second main type)

... to see if you have glasses on? □ 1
... to hear even if you have hearing aids? □ 2
... with walking or climbing stairs? □ 3
... to sit or stand? □ 4
... with remembering things or concentrating?
... to communicate, for example understanding or being understood? □ 6
... to reach for something or overreach? □ 7
... to lift and carry? □ 8
... to bend? □ 9
... to hold, grasp or turn you? □ 10
None □ 11

No you get more questions about longstanding health condition and disease.

LIMHOURSINTRO
7. Do you have difficulty carrying out activity in a normal level due to [health condition or disability] or [difficulty in performing activities]
[as for example limit the number of hours you can work a week]

Yes ................................................... □ 1

If

(LIMHOURSINTRO^= 1
LIMHOURS
8. The fact that it is difficult for you to perform professional work in a normal level, is it caused by...

Health condition or disability..... □ 1
Difficulty in performing activities .... □ 2
Both....................................... □ 3

LIMTYPEWINTR
9. Do you have difficulty performing certain types of professional work due to [health problem or disability] or [difficulty in performing activities]

Yes ............................................ □ 1
No .............................................. □ 2

LIMTYPEW
10. The fact that it is difficult for you to perform certain types of professional work, is it caused by ...

Health condition or disability..... □ 1
Difficulty in performing activities .... □ 2
Both........................................... □ 3

LIMTRANSintro
11. Do you have difficulty to getting to and from work due to [health condition or disability] or [difficulty in performing activities]

Yes ................................................ 1
No ................................................. □ 2

If (LIMTRANSintro \^=1 or
HEALTHMAINTRA\^=1 or
DIFFICMAINTRO\^=1
) and Besoeger in (1,2)
go to NEEDHELPb;
if (LIMTRANSintro
^=1 or
HEALTHMAINTRA\^=1 or
DIFFICMAINTRO\^=1
) and Besoeger not in
(1,2) go to
NEEDHELPu;
else go to LIMTRANS;

**LIMTRANS**

12. The fact that it is difficult for you to get to and from work, is it caused by...

- Health condition or disability ....... □ 1
- Difficulty in performing activities ...... □ 2
- Both ........................................... □ 3

**NEEDHELPb(b=employed)**

13a. Do you have any personal assistance to enable you to work because of your [health condition or disability] or [difficulty in performing activities]

(Examples: Support to perform your work function or type of work, to clear scope of work, to move around the workplace/ Support or understanding from your employer, boss or colleagues)

Yes ................................................. □ 1

No ................................................. □ 2

**NEEDDAPb(b=employed)**

14a. Do you have special equipment or workplace adaptations to enable you to work?

(Examples: adapted working conditions, a special chair, a special board or special tools)

Yes ................................................. □ 1

No ................................................. □ 2
15a. Do you have any special working arrangements?
(Examples: more brakes)

Yes ................................................. □ 1
No ................................................. □ 2

NEEDHELPu (U=unemployed)
13b. Would you need any personal assistance to enable you to work because of your health condition or disability or difficulty in performing activities?
(Examples: Support to perform your work function or type of work, to clear scope of work, to move around the workplace/ Support or understanding from your employer, boss or colleagues)

Yes ................................................. □ 1
No ................................................. □ 2

NEEDADAPu (U=unemployed)
14b. Would you need special equipment or workplace adaptations to enable you to work?
(Examples: adapted working conditions, a special chair, a special board or special tools)

Yes ................................................. □ 1
No ................................................. □ 2

NEEDORGAu (U=unemployed)
15b. Would you need any special working arrangements?
(Examples: more brakes)

Yes ................................................. □ 1
No ................................................. □ 2

LIMREASintro
16. If you look away from your health condition or disability or difficulties of activities, is there anything else that restricts the work you can do?

Yes ................................................. □ 1
No ................................................. □ 2

If LIMREASintro=1 go to LIMREAS;
if LIMREASintro=2 END
What is the main reason that restricts the work you can do? Is it... (choose the main reason)

<table>
<thead>
<tr>
<th>Reason</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
<th>8</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lack of qualifications/experience</td>
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<td>Lack of appropriate job opportunities</td>
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<td>Lack or poor transportation to and from workplace</td>
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<td>Employers' lack of flexibility</td>
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<td>Affects receipt of benefits</td>
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<td>Family/caring responsibilities</td>
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